

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean the Publix Employees Federal Credit Union (PEFCU). The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a are applicable only if the is marked, e.g., "n/a" means not applicable.

Join the Credit Union

Please include the following information with your Membership application:

- To join PEFCU, the Primary owner must be in the field of membership
- A \$5 deposit is required to establish your Membership with PEFCU
- A valid Driver's License, Photo ID, or US Passport
- A minor (under 18 years old) may establish a membership with the credit union. An adult joint owner is required on all accounts

I Qualify for Membership Through: My Employer Family Member Retired Existing PEFCU Member-Acct No. _____
 Relative First and Last Name (Print) _____ Relationship _____ Phone _____

Share Type (Check All That Apply)

Account Number:

- Prime Share/Savings (Required if this is a new account) Secondary Savings/Club Holiday Club Share Certificate/CD Share Draft/Checking
 Money Market DBA Checking

Ownership

Individual Account Joint Account with Survivorship Upon the death of an owner on the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.

Representative Payee Name: _____ UTMA/UGMA

Primary Member (Applicant) If Primary member is under the age of 18 a joint owner must be listed on the account.

Name			
Birth Date	SSN/TIN	Home Phone Number	Cell Phone Number
Physical Address (Street, City, State, Zip)			At Address Since (date)
Mailing Address (if different than Physical Address)			
Previous Address (Required if resided at current physical address for less than two years)			
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> School ID <input type="checkbox"/> US Passport <input type="checkbox"/> Other _____			
Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer (if unemployed/Retired, please list previous employer)	Job Title/Occupation	Hire Date	Store/Dept. No.
Work Phone No.	Mother's Maiden Name	Email Address	

Joint Owner

Name			
Birth Date	SSN/TIN	Home Phone Number	Cell Phone Number
Physical Address (City, Street, State, Zip)			At Address Since (date)
Mailing Address (if different than Physical Address)			
Previous Address (Required if resided at current physical address for less than two years)			
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> School ID <input type="checkbox"/> US Passport <input type="checkbox"/> Other _____			
Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer (if unemployed/Retired, please list previous employer)	Job Title/Occupation	Hire Date	Store/Dept. No.
Work Phone No.	Mother's Maiden Name	Email Address	

Joint Owner

Name			
Birth Date	SSN/TIN	Home Phone Number	Cell Phone Number
Physical Address (City, Street, State, Zip)			At Address Since (date)
Mailing Address (if different than Physical Address)			
Previous Address (Required if resided at current physical address for less than two years)			
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> School ID <input type="checkbox"/> US Passport <input type="checkbox"/> Other _____			
Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer (if unemployed/Retired, please list previous employer)	Job Title/Occupation	Hire Date	Store/Dept. No.
Work Phone No.	Mother's Maiden Name	Email Address	

Joint Owner			
Name			
Birth Date	SSN/TIN	Home Phone Number	Cell Phone Number
Physical Address (City, Street, State, Zip)			At Address Since (date)
Mailing Address (if different than Physical Address)			
Previous Address (Required if resided at current physical address for less than two years)			
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> School ID <input type="checkbox"/> US Passport <input type="checkbox"/> Other _____			
Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer (if unemployed/Retired, please list previous employer)	Job Title/Occupation	Hire Date	Store/Dept. No.
Work Phone No.	Mother's Maiden Name	Email Address	

Joint Owner			
Name			
Birth Date	SSN/TIN	Home Phone Number	Cell Phone Number
Physical Address (City, Street, State, Zip)			At Address Since (date)
Mailing Address (if different than Physical Address)			
Previous Address (Required if resided at current physical address for less than two years)			
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> School ID <input type="checkbox"/> US Passport <input type="checkbox"/> Other _____			
Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer (if unemployed/Retired, please list previous employer)	Job Title/Occupation	Hire Date	Store/Dept. No.
Work Phone No.	Mother's Maiden Name	Email Address:	

Beneficiary			
Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all selected shares listed on this application.			
Beneficiary #1 - Name and Address	Date of Birth	Relationship	Social Security No.
Beneficiary #2 - Name and Address	Date of Birth	Relationship	Social Security No.
Beneficiary #3 - Name and Address	Date of Birth	Relationship	Social Security No.

Required Information	
ALL INFORMATION IN THIS SECTION IS REQUIRED FOR THE ACCOUNT TO BE PROCESSED.	
If you are hearing impaired, will you be using a Relay Calling Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Purpose: <input type="checkbox"/> Household/Living Expenses <input type="checkbox"/> Checking – Describe purpose of Checking _____ <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	
Primary Source of Funds: <input type="checkbox"/> Social Security <input type="checkbox"/> Checks <input type="checkbox"/> Cash <input type="checkbox"/> ACH (Direct Deposit, Payroll, etc.) <input type="checkbox"/> Pension <input type="checkbox"/> Retirement <input type="checkbox"/> Wires <input type="checkbox"/> Other _____	
Do you plan to use our FREE Bill Pay service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you anticipate sending/receiving any wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you anticipate depositing/withdrawing cash? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Deposit, Withdrawal, or both? _____	
Will you send/receive any Automated Clearing House (ACH) items? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Deposit, Withdrawal, or both? _____	

You hereby apply for membership with PEFCU. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. By signing below, you agree to be bound by the terms and conditions found within the Important Account Information brochure including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. If an owner on the account is under 18 years of age (minor), the remaining owner(s) take full responsibility of the account. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. In addition to establishing a regular Prime Share Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition of joint owner(s) of your Account(s). Your signature below is your continuing authorization for the Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s).

Governing Law & Promise to Pay: I agree that this agreement shall be governed by the laws of the State of Florida or, for accounts opened in Georgia (GA), by the laws of the State of GA and applicable Federal Law, and that venue for all legal proceedings shall be in the Credit Union's discretion in Polk County, FL or Gwinnett County, GA, and to pay all collection costs, including attorney fees (attorney fees for GA are 15% of the debt), court costs, interest, future accrued interest as required or permitted by law, and costs of appeal. If collection proceedings are brought against me, I grant you permission to garnish head of household or family earnings.

To help the government fight the funding of Terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying information. **The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Important IRS Information - TIN Certification (Must Check One)

I certify in accordance with IRS W-9 instructions and under penalty of perjury, (1) that the number shown herein is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2) that unless designated below, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding and (3) that unless designated below, I am a U.S. person (including a U.S. resident alien).

I am subject to backup withholding I am exempt

Primary Owner Signature X	Date	<input type="checkbox"/> Issue Card
Joint Owner Signature X	Date	<input type="checkbox"/> Issue Card
Joint Owner Signature X	Date	<input type="checkbox"/> Issue Card
Joint Owner Signature X	Date	<input type="checkbox"/> Issue Card
Joint Owner Signature X	Date	<input type="checkbox"/> Issue Card

Credit Union Use Only

Account #: _____ Process Date: _____
 Opened / Approved By: _____ Member Group No.: _____